

Massachusetts

Executive Office of Public Safety



Department of Correction

Female Offender Panel Review Final Summary



The Department's Female Offender Strategic Plan summary represents an outline of the progress in response to the findings and 102 recommendations put forth by the Dedicated External Female Offender Review Panel on August 1, 2005 as part of the GCCR. To date, approximately 71% of the recommendations have been implemented of which 7% will require some additional funding, capital planning and/or legislation for completion. The remaining 22% extend beyond the scope of the Department or are shared with external stakeholders. Some of these major areas involve housing women in their respective counties, not housing civil commitments at MCI-Framingham and capital planning. These areas and the 7% which require additional resources were addressed in reports and plans internal and external to the agency. They will be carried over during the development of new plans under future strategic planning of the Department.

For those recommendations that fall within the scope of the Department, the unique issues of the diverse female offender population were addressed by making significant changes in the areas of medical, mental health, and substance abuse; classification; programming and reentry; education, parenting, training and operations.

With these changes came the implementation of a new mission calling for the use of trauma informed models in all areas of female offender management. New contracts were required to deliver best practices in the implementation of their respective services utilizing an integrated trauma-informed approach and the Institute of Health and Recovery was contracted to develop and implement a curriculum on trauma for new recruits and staff working with female offenders.

Below you will find a list of the recommendations that were identified as extending beyond the scope of the Department and those which have been addressed in individual plans. Each plan provides a detailed account of the Department's response to each of the recommendations via feasibility statements, action steps and progress.

First, however, are some of the major accomplishments as reflected in the plans. These accomplishments signify the Department's continued regard in addressing the issues of female offenders as a critical priority. As part of this effort, the continuing role and leadership from the office of the Female Offender Services Division has been crucial to diligently addressing the recommendations with the guidance and support of the Female Offender Advisory Group.

The Major Accomplishments are as follows:

- A mission change in Female Offender Management to include providing gender specific programs which address the unique female offender population utilizing "trauma-informed models".
- The development of a Department Female Offender Advisory Group.
- Contractual changes in the areas of medical, mental health and substance abuse utilizing integrated trauma-informed models. Included in the contracts are considerations for telemedicine, electronic medical records, and contracting for the expert provision of trauma informed training curricula.

- Contractual changes in Framingham Women’s Transition Program and the Residential and Non-Residential program for Pregnant/Parent Female Offenders with a History of Substance Abuse.
- For the first time, the procurement of a separate program services contract for female offenders. As part of the contract award, the vendor subcontracted with the Institute of Health and Recovery to provide trauma informed training for program staff and inmates utilizing the “Seeking Safety” model.
- The selection of a gender-specific Risk/Needs Assessment Tool (to be shared with the Massachusetts Parole Board).
- The installation of 80 surveillance cameras to improve safety and security at MCI-Framingham.
- The implementation of an internal performance measures process agency-wide which have also been incorporated into each individualized plan provided.
- The submission of capital planning requests to support: county facilities moving jail and house of correction female offenders out of MCI-Framingham and back to their respective counties; providing additional community residential treatment facilities to accommodate all female civil commitments; providing a new health services building for MCI-Framingham; and replacing and/or extensive repairs to the free-standing buildings at MCI-Framingham.
- The commitment to improve the classification system resulted in more expeditious processing of women serving house of correction county sentences increasing the number of incoming transfers and the count at the minimum/pre-release security facility, South Middlesex Correctional Center.
- A culinary arts and a cosmetology program were added to the vocational education curriculum at MCI-Framingham.
- A new, more fluid female offender training plan was developed and instituted for new staff and staff working with female offenders.
- A new training curriculum was developed by the Institute of Health and Recovery via procurement.
- A three day training program for new recruits and other staff working with female offenders as part of on-the-job training was developed by the Division of Staff Development and Training, MCI-Framingham and South Middlesex Correctional Center.
- Post release tracking and reentry were instituted at the female offender facilities.
- An Interagency Service Agreement (ISA) with the Department of Mental Health (DMH) was increased in order to provide for a full time case manager to provide services for releasing female offenders with mental health issues.

- An MOU with the Department of Children and Families to improve children's visits with their incarcerated parents was signed.
- Video Monitoring Installation took place at South Middlesex Correctional Center upon receipt of Byrne Grant.
- MCI Framingham obtained a technical assistance from NIC, and hosted a Summit for NIC, surrounding states and California on gender specific issues with implementation of the Prison Rape Elimination Act (PREA).
- Family Reunification - family preservation - new home at South Middlesex Correctional Center.
- Approval of a new extended family visiting program at MCI-Framingham utilizing the Visiting Trailer.
- A Female Offender Reentry Initiative was included in the grant proposal under the Federal Second Chance Act.

Other key milestones based on the overall successful operations and leadership at MCI-Framingham, the new training initiatives, the change in mission utilizing trauma-informed models include but are not limited to the following:

- Use of Force incidences went from 89 in FY 2003 to 49 in FY 2007 (about an 86% reduction) to only 17 in FY 2008 (representing a further reduction of 65%).
- Assaults on Staff simultaneously decreased from 48 in FY 2007 to 32 in FY 2008 (representing a 32% decrease).
- Inmate Grievances decreased from 239 in FY 2007 to 163 in FY 2008 (representing a 31% decrease).
- Employee misconduct complaints were reduced from 299 in FY 2007 to 198 in FY 2008 (representing about a 33% reduction).

Also, before the category of plans, several areas have been highlighted as needing further discussion as follows:

- Transportation of all releasing county house of correction female offenders to the respective Parole Regional Reentry Centers. The Parole Board has agreed to accept county women upon release. Implementation of this initiative requires further review of the transportation costs associated with this initiative.

- Reaching out to the Office of Community Corrections in the various local counties to collaborate on providing a continuum of services for releasing county female offenders. This is currently taking place via grant proposals and other initiatives but warrants further discussion with the Female Offender Advisory Group.
- Implementing new education modules for female offenders on Women's Health issues. Three focus groups of female offenders were held to plan for same. The Department is in the process of reaching out to UMass. Medical, Children's Hospital and other stakeholders to obtain information and videos to share with the female offender populations.
- Reaching out to the Department of Children and Family Services to coordinate bi-annual meetings. The first meeting was held in March 2009 and the second meeting was held July 2009. DCF is reviewing the parenting curriculum summary offered at MCI-Framingham. Focus groups of female offenders have taken place in preparation for DCF to provide "in-reach" information sessions for the women at MCI-Framingham and SMCC.

As we continue to move forward to address the unique issues of female offenders throughout the Commonwealth, we recognize that we need to continue to work with other state agencies and other stakeholders. This brings us to the first category of recommendations, those requiring shared responsibility then to the next categories of recommendations addressed in implementation plans.

As referenced previously, the following lists the recommendations that were identified as extending beyond the scope of the Department and those which have been addressed in individual plans. All of these plans have been implemented but some still require additional resources as noted in the last section; and will, therefore, continue to be addressed in future strategic planning.

I. Recommendations identified out of the scope of the DOC to be reviewed in future strategic planning.

Recommendation# 1: Pre-Trial detainees and House of Correction inmates should serve their time in their respective county jail and House of Correction facilities. (Addressed in the DCAM's Correctional Master Plan the MGT study.)

Recommendation #2:

The Health Services Unit should be moved to a newer, larger building where the environment is more conducive to the provision of high quality health services for female inmates. (Refer to the DCAM study.)

Recommendation#3: The crises mental health and medical services units should be renovated or relocated. (Addressed in the DCAM Correctional Master Plan.)

Recommendation # 6: Treatment and programming that address the needs of civilly committed women housed at MCI-Framingham should be developed and provided. (In 2006, the Massachusetts Residential Treatment Center for Civilly committed female offenders with substance abuse issues was contracted by DPH to provide these services.)

Recommendation # 9: Major capital funding needs to be allocated in order to replace

freestanding buildings, provide program space for classrooms and workshops and meet current building codes related to architectural barriers and the Americans with Disabilities Act regulations. (Addressed in the DCAM Correctional Master Plan.)

Recommendation # 10: A Capital Plan should be developed and implemented for MCI-Framingham, with both new construction for expanded housing options and substantial upgrades for existing housing; including construction of a new Health Services Building and a new Gymnasium. (Addressed in the DCAM Correctional Master Plan.)

Recommendation # 11: A Capital Plan should be developed and implemented for South Middlesex Correctional Center to include more program space and renovating and refurbishing existing space. (Addressed in the DCAM Correctional Master Plan.)

Recommendation#12: Department of Mental health should be funded to provide inpatient detoxification and intensive substance abuse services for women with co-occurring substance abuse and other mental health disorders.
(DMH - other state agency.)

Recommendation# 13: A multi-agency collaborative group should be established to address the issues faced by civilly committed women. (ICSAP)

Recommendation: #14: The Department of Public Health and Department of Mental Health should work together to establish a standardized assessment tool for the use of Section 35 civil commitments (civil commitments for substance abuse treatment). The Department of Public health and the Bureau of Substance Abuse Services should work together to research.
(DPH and DMH -other state agencies.)

Recommendation 15: Consideration should be given at the time of sentencing to those issues specific to the female offender and to alternative sentencing options whenever possible.
(Judicial Branch of Government and Legislative Branch)

Recommendation#16: Full support should be given to the construction of a stand alone facility in western Massachusetts. (The Western Massachusetts Regional Women's Center was built in Chicopee and houses female offenders.)

Recommendation#17: Mandatory Criminal statutes need to allow for participation in programs. Sentence reform was introduced and being addressed by external stakeholders. (Legislation required.)

Recommendation#18: Legislating program incentives and mandatory program participation should be considered. (Legislation required)

Recommendation#19: Courts should utilize the Warrant Management System when tracking outstanding warrants and issuing Special Mitts for Transportation on another court's Warrant. (The Massachusetts Trial Courts adhere to this practice.)

Recommendation # 22: Appropriate options regarding the establishment of state health care quality assurance oversight of Department of Correction medical and related services should be determined through consultation with the Executive Branch of Massachusetts Government. (Addressed in the MGT study.)

Recommendation#25: The Department of Correction should take over all transportation at MCI Framingham and South Middlesex and charge back the costs to the respective counties, as

applicable. (Addressed in MGT study.)

Recommendation # 26: Space for the Residential Treatment Unit should be created based on a design that replicates that of a therapeutic residential program in a community setting as closely as possible. (Addressed in DCAM Correctional Master Plan.)

Recommendation #37: The Department of Correction should collaborate with the Department of Mental Health Forensic Services to establish a more clearly defined, behaviorally based referral report forms for legal status 18A transfers (civil commitment for mental health evaluation/treatment). (The Department has regular meetings with DMH.)

Recommendation#45: As parts of the operating budget, funds for on-going maintenance and emergencies should be set aside, with a carry over provision if unused. (Administration and Finance.)

Recommendation #47: The Department should contact the Chief Administrative Justice of the courts to inquire whether modular drop-off facilities could be annexed to existing court buildings which currently do not have security or holding areas. (Judicial Branch of Government.)

Recommendation # 74: Civilly committed women should not be housed at MCI-Framingham. Detoxification Centers, with secure and non-secure beds, should be opened throughout the Commonwealth to house and treat civilly committed women. In 2006, the Massachusetts Residential Treatment Center for Civilly committed female offenders with substance abuse issues was contracted by DPH to provide these services. (Legislation pending.)

Recommendation #91: Responsibility for substance abuse services should be transferred from DPH to DMH. (Health and Human Resources.)

II. IMPLEMENTATION PLANS COMPLETED by prioritized status

A. CRITICAL RECOMMENDATIONS

Recommendation # 56: An executive management and multi-department committee, including Program Services staff, MCI Framingham and South Middlesex Correctional Center Directors of Treatment and assigned vendor staff, should be convened to establish a specific mission statements for the Family Service Department.

Recommendation#57: The Department should study the number of women prohibited from accessing the Women and Children's Program and expand the eligibility criteria.

Recommendation # 87: A confidential and independent vehicle for female prisoners to register complaints of sexual abuse and other significant instances of staff misconduct should be instituted.

Recommendation # 88: Cameras that have both audio and video recording capabilities should be installed.

B. CRITICAL RECOMMENDATIONS

Recommendation # 28: The current Female Offender Management Mission Statement should be revised to explicitly promote the provision of a trauma-informed environment.

Recommendation # 29: Technical assistance should be obtained to assist in designing and developing a plan for carrying out the mission. (see #28 above)

Recommendation # 30: Progressive and responsive mission, administrative, environmental, clinical, and other practice protocols should be established with the assistance of an expert trauma integration consulting organization. (see #29 above)

Recommendation # 32: Funding should be provided in order to achieve trauma-informed and integrated services for incarcerated women.

Recommendation#33: A single vendor should be used for substance abuse and mental health services.

Recommendation # 35: Domestic violence and sexual assault counseling and education should be improved and increased.

Recommendation #39: An additional track should be created within the Correctional Recovery Academy (residential substance abuse treatment program) to address the needs of the majority of women who are currently not eligible due to sentence length, perhaps a 4-6 month track.

Recommendation # 60: A community and statewide plan should be developed to aid in family preservation, reintegration and visitation; including "in-reach" services.

Recommendation # 69: A literacy development teacher and a special education teacher should be hired for MCI-Framingham.

Recommendation # 71: The Department of Correction should move the Women in the Building Trades program to a male facility as a building trades program and implement a more appropriate trade program.

Recommendation # 73: Female-gender specific transition workshops should be implemented at MCI - Framingham.

Recommendation # 79: Strategies for promoting the provision of integrated programming and services should be developed and implemented.

Recommendation # 75: A trauma-informed environment with integrated medical, mental health and substance abuse treatment services which address trauma recovery should take place over time to increase benefit from services accessed, decrease potential re-traumatization, and decrease recidivism and behavioral and health risk upon return to the community.

Recommendation # 77: Clinical protocols, practice and policies, to remove current trauma related barriers in the prison environment and enhance offender participation, rehabilitation and impact reduction in recidivism, should be changed.

Recommendation # 93: On-site pharmacy/pharmacists should be established and provided.

Recommendation # 94: Upon admission to the facility, all inmates should have a psychopharmacological evaluation with timely follow-up evaluations for continued use of psychotropic and other medication.

Recommendation # 96: A doula (a woman who provides trained labor support) for pregnant and post partum women should be used.

Recommendation # 97: An on-site pelvic pain clinic, to provide ongoing assessment, diagnostic services, educational services, medical treatment and counseling services for female inmates with moderate to severe acute or chronic pelvic pain, should be provided

Recommendation #98: An Ultrasonography technician and equipment should be used on-site to eliminate the need for pregnant women to be transported to another health care facility for ultrasounds during pregnancy.

Recommendation # 99: Department of Correction with the assistance of mental health and trauma consultants should redefine the definition and criteria of "mental health cases" as described in the Governor's Commission on Correction Reform Medical Review Report dated March 23, 2005.

Recommendation #100: The feasibility of carving out current medical contracts and fiscal resources exclusive for female offenders should be explored.

Recommendation #101: Policies and procedures that establish criteria clearly describing the need for crisis assessment, watches and reentry to population should be developed and carefully implemented.

Recommendation #102: Sensory-based approaches to managing impulses to self-injure should be implemented.

Recommendation # 24: An independent review of business and management practices at MCI-Framingham should be conducted.

Recommendation # 43: Warmer winter clothing and winter shoes should be made available to all female offenders.

Recommendation # 55: The frequency of laundering whites and grays should be increased and/or the quantity of underwear, socks, and uniforms should be increased.

Recommendation # 61: All non-disciplinary Closed Custody Unit residents should be allowed to receive visits from minor children; restrictive telephone policies be revised to allow for greater contact with minor children.

Recommendation # 62: Children and other family members should be allowed to call inmates at the facility during designated times.

Recommendation # 64: A mechanism should be developed and implemented whereby visitors can comment on the visiting process.

Recommendation # 78: Mandatory screening and training should be conducted for staff who work with female offenders. The training should describe the gender-specific needs of female offenders, with attention to the appropriate responses to women suffering from trauma, mental health and substance use disorders; for coverage and understanding of program outcomes; and on the importance of family connections and reintegration.

Recommendation # 81: Regular skilled minimum-security work crews should be assigned to MCI - Framingham on a daily basis.

Recommendation # 86: A survey to be filled out by visitors to MCI Framingham and South Middlesex should be created and administered.

Recommendation # 89: The Inmate Handbook should be written to address grievance system problems; address the format used, time limits, training, and supervision of the grievance process.

Recommendation # 82: The use of video conferencing should be increased.

C. SECOND and THIRD LEVEL PRIORITY RECOMMENDATIONS

Recommendation#27: The Framingham Women's Transition Program model should be offered statewide.

Recommendation#36: Plans for discharge from prison crisis and relapse prevention, which address triggers, warning signs, strategies and supportive resources to reduce likelihood of recidivism, should be developed.

Recommendation#40: Ongoing support for graduates of the Correctional Recovery Academy should be developed.

Recommendation#48: The creation of an intermediary unit to house women removed from the general population but not subject to disciplinary isolation should be studied.

Recommendation#49: Alternative housing for women in protective custody should be provided.

Recommendation#50: An existing housing unit as an intermediary unit between general population and the Closed Custody Unit should be utilized.

Recommendation#58: Existing family connections and reintegration programs and services should be assessed and enhanced; enhance child visitation areas.

Recommendation#7: Classrooms, workshops and all health related facilities should be moved to locations where elevators are not necessary.

Recommendation#21: An external mechanism to assess the impact of changes in policies, protocols and services on inmate outcomes in the areas of substance abuse, mental health, trauma symptoms, health and recidivism should be developed and implemented.

Recommendation#34: Internet access for all substance abuse and mental health staff should be made available.

Recommendation#38: A transition unit and programming should be developed for women who are ready to leave the Closed Custody Unit but are not yet ready to join the general population.

Recommendation#41: Women who are housed at South Middlesex Correctional Center should be transported back and forth to MCI-Framingham to continue programming and other services not offered at South Middlesex Correctional Center.

Recommendation#42: To better accommodate female inmates who have a physical disability, other county correctional facilities should be explored as housing options.

Recommendation#44: A pool of skilled laborers should be assigned to MCI-Framingham and South Middlesex Correctional Center to fill in during periods of staff vacancy and recruitment or to be assigned as specialists for unique needs of older buildings (air conditioning, boilers, etc.).

Recommendation#51: The pat search policy should require that female officers perform pat searches on female prisoners except in extraordinary or emergency situations and specify the types of situations that are intended to excuse this requirement.

Recommendation#54: Hot dinners should be provided to female offenders every evening of the week in lieu of the current practice of bag dinners twice per week. Periodic external review of food services by an independent entity with expertise should be allowed. Feedback should be obtained from prisoners on unpopular foods, especially entrees.

Recommendation#59: Visiting trailer program should expand accessibility and provide more supervision.

Recommendation#63: The canteen supply list should be expanded to include healthy food options and lower prices.

Recommendation #68: Compile and analyze recidivism rates on the detainee population.

III. Implementation Plans Completed with no reference to priority

Recommendation # 65: Department of Social Services area managers, Family Services staff and institution management should meet quarterly to discuss goals of family preservation and successful community reintegration.

Recommendation # 72: Additional short-term certificate based modular programming should be considered for MCI-Framingham. To support this initiative, community college involvement should be sought.

Recommendation # 76:Female offenders must be provided with community-based "in-reach" services during incarceration and a continuum of comprehensive community services post incarceration in order to help improve transition from prison to the community and to reduce recidivism.

Recommendation # 80: Screening and evaluation procedures, utilizing gender specific, state-of-the-art instruments, should be developed and implemented jointly by the Department of Correction, the Parole Board and the Office of the Commissioner of Probation.

Recommendation # 46: A performance-based management and accountability system should be used.

Recommendation # 20: A task force should be formed to identify more local and regional correctional program options for women currently remanded to MCI-Framingham, emphasizing short-term stays and medical - post release community services.

Recommendation # 31: Program design and protocols should be developed to address the continuum of access to care, utilization, and continuity for those women who continue to be housed at MCI-Framingham while the women are still incarcerated.

Recommendation # 70: Female offenders should be well informed of academic and vocational opportunities in the community.

Recommendation # 66: Increase the multiple year comparisons, analyzing trends and subsequent impacts.

Recommendation # 67: Change the way we analyze and record recidivism data. Include

social/medical/mental health history, program participation, other incarceration experiences and reentry plans.

Recommendation # 85: Prisoners in administrative segregation and protective custody should be provided programs and services similar to the general population where possible.

Recommendation# 53: Earning opportunities for female offenders should be increased.

Recommendation#90: Develop a statewide plan to share information with other agencies such as parole and probation.

Recommendation#5: Residential programs should not be used for women with substance abuse and mental health disorders as overflow housing.

Recommendation#8: Facilities should be examined for grab bars in bathroom showers and toilets, doorways compatible with wheel chairs, and the appropriate height of beds.

IV. Plans Completed and Implemented pending Funding, Legislation and/or Capital Planning – to be incorporated in the Department's new Strategic Plan.

Recommendation # 52: Unit Management should be re-instituted at MCI-Framingham. All staff vacancies at MCI-Framingham and South Middlesex Correctional Center should be filled and additional positions should be assigned to both facilities for dedication to programming, education, reentry, and criminal records processing. A staffing analysis should be conducted for all non-uniformed staff. The staffing analysis should address the assignment of male officers to housing units, and if warranted, institute a policy at Framingham and South Middlesex that male correctional officers shall not be assigned to housing units. The hiring of female officers should be made a high priority.

Recommendation # 92: Inmate Management System or other computerized medical record system should be expanded to allow for medication ordering, documentation, and record access for all health care providers.

Recommendation # 95: The Department of Correction's current use of telemedicine should be expanded to include the female offender population.

Recommendation # 23: A system of more parity between bargaining units and management employees should be developed and implemented.

Recommendation # 84: The Department of Correction Policy on Inmate Discipline, 103 Code of Massachusetts Regulations 430, Section 430.19 "Review of Disposition," should be amended to clarify the responsibility of the Superintendent or designee as reviewing authorities, to clarify the way dispositions are recorded, to provide consideration of mental health issues during disposition, and to require that the reporting officer be informed of the disposition of every disciplinary report.

Recommendation #4: The Department's Inmate Management System should be linked to Massachusetts courts in order to expedite the filing and processing of speedy trial papers.

Recommendation#83: Technology (barcodes) should be used to track inmate and staff location.

Finally, it is important to note that all of the five subgroups reported a common goal in reducing overcrowding at MCI-Framingham. A goal that if achieved would affect all of the other recommendations in a positive way or make them obsolete. A goal that speaks not only to the operational benefits of reducing overcrowding but to the benefits of housing women in their respective counties in order for them to have the opportunities to receive wrap-around services while incarcerated and a continuum of services subsequent to release.

